



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

September 4, 2007

Jill Tyler, Administrator  
Brookside Landing  
431 Johnson Avenue  
Orofino, ID 83544

License #: RC-680

Dear Ms. Tyler:

On June 21, 2007, a Fire Life Safety Survey was conducted at Brookside Landing. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

July 2, 2007

Jill Tyler, Administrator  
Brookside Landing  
431 Johnson Ave  
Orofino, ID 83544

Dear Ms. Tyler:

On June 21, 2007, a Fire Life Safety Survey was conducted at Brookside Landing. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 21, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure



Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R680</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKSIDE LANDING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>431 JOHNSON AVE OROFINO, ID 83544</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on June 21, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

XY3F21

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

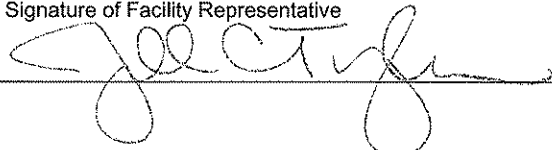
BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <u>Brookside Landing</u>	Physical Address <u>431 Johnson Ave</u>	Phone Number <u>(208) 476-2000</u>
Administrator <u>Jill Tyler</u>	City <u>Orofino ID</u>	ZIP Code <u>83544</u>
Survey Team Leader <u>Taylor Barkley</u>	Survey Type	Survey Date <u>6-21-7</u>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.05	The facility has not had the sprinkler system annually inspected.	8-24-7	
2	415.02	The facility has not had the fuel-fired heating devices annually inspected.	8-1-7	
3	404.01	The fire/smoke doors to the entrance of the assisted side do not latch when closed.	7-19-7	
4	404.01	The emergency lighting units in the kitchen, and the hall by Room 28 do not work.	8-8-7	
5	404.01	The fire/smoke doors by room 215 do not latch when closed.	7-19-7	

Response Required Date <u>7-21-7</u>	Signature of Facility Representative 	Date Signed <u>8/21/07</u>
-----------------------------------------	-----------------------------------------------------------------------------------------------------------------------------	-------------------------------